



#111 Reg for
Refund DELETED
03-12-03 RM307

PATENT
1560-0348P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Y. ISHII et al. Conf.: 9788
Appl. No.: 09/655,847 Group: 3682
Filed: September 6, 2000 Examiner: J. STEFANON
For: ELECTRIC POWER STEERING APPARATUS
Patent No.: Issued:
Control No.:

Assistant Commissioner for Patents
Washington, DC 20231

December 9, 2002

ATTN: W.P. ERWIN, DIRECTOR OF FINANCE
REFUND SECTION
ACCOUNTING DIVISION
OFFICE OF FINANCE

REQUEST FOR REFUND
(Improper Charge of Deposit Account)

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account
02-2448 shown on the statement dated July 31, 2002 for the above-identified

☒ application

☐ patent

☐ A copy of the monthly statement in which the error referred to occurs,
accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND <u>REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>84.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input type="checkbox"/> Other: _____	_____
_____	_____
TOTAL REFUND REQUESTED	<u>\$84.00</u>

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Applicants were charged for independent claims in excess of three; however, there are only two independent claims pending in this application.

IV. MANNER OF REFUND

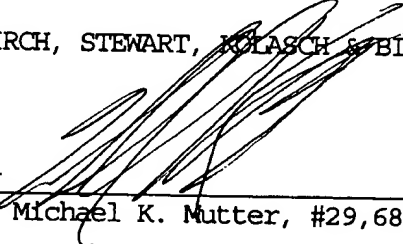
Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By


Michael K. Mutter, #29,680

CM
MKM/CMV/jdm
1560-0348P

P.O. Box 747
Falls Church, VA 22040-0747
(703) 205-8000

Attachment